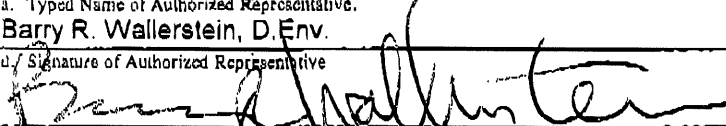


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 2-17-06		Applicant Identifier R9 Tracking #: 06-022	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code): Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Regional Agency		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.034</u> TITLE: Surveys, Studies, Investigations, Demonstrations and Special Purpose Activities related to the Clean Air Act			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$103 Ultrafine Particles Conference		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL			
Start Date	End Date	a. Applicant: 24-48		b. Project: 24-48	
2/3/2006	9/30/2006				
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 2-17-06 b. <input type="checkbox"/> NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	10,000			
b. Applicant	\$				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$	10,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.		b. Title: Executive Officer		c. Telephone Number (909) 396-2100	
d. Signature of Authorized Representative 				e. Date Signed 2-17-06	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 15, 2006	Applic. Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R-9 Tracking# 05-299
5. APPLICANT INFORMATION Legal Name: City of Bellflower, CA DUNS# 07 620 9873 Address (give city, county, State, and zip code): City of Bellflower 16600 Civic Center Drive Bellflower CA 90706 (County of Los Angeles)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 6 0 0 5 8 9 6		Organizational Unit: Community Development Department Name and telephone number of person to be contacted on matters involving this application (give area code): Brian K. Lee, Director of Comm. Dev. (562) 804-1424	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: SSI & SP 6 6 — 6 0 6		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bellflower, CA (Los Angeles County)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure Improvements	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/06	Ending Date 9/30/11	a. Applicant 34th Roybal-Allard	
15. ESTIMATED FUNDING:		b. Project CA 34th Congressional District	
a. Federal \$ 873,000 ⁰⁰ b. Applicant \$ 714,273 ⁰⁰ c. State \$ RECEIVED d. Local \$ FEB 17 2006 e. Other \$ STATE CLEARING HOUSE f. Program Income \$ g. TOTAL \$ 1,587,273 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE February 17, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Type Name of Authorized Representative Michael J. Egan		b. Title City Manager	
c. Telephone Number (562) 804-1424		e. Date Signed 2-17-06	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction☐ Construction☒ Non Construction☒ Non-Construction

2. DATE SUBMITTED

February 21, 2006

Applicant Identifier

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State Center Community College District

Organizational Unit: University Center Export Program

Address (give city, county, state, and zip code):

550 East Shaw Avenue, Suite 155
Fresno, CA 93710-7702

Name and telephone number of person to be contacted on matters involving this application (give area code)

Candy Hansen Gage, Project Director, University Center Export Program
1-888-638-7888
(559) 241-6566

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

[9] [4] - [1] [5] [7] [4] [8] [0] [2]

8. TYPE OF APPLICATION:

Competitive

☒ New

Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[1] [1] [3] [0] [3]

TITLE: Economic Development - Technical Assistance

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

See Attached Page

13. PROPOSED PROJECT:

Start Date

Ending Date

7/1/2003

6/30/2009

a. Applicant

19th

b. Project

3; 15-20; 37 & 45

15. ESTIMATED FUNDING:

a. Federal

\$ 540,721.00

b. Applicant

\$ 425,275.00

c. State

\$.00

d. Local

\$.00

e. Other

\$.00

f. Program Income

\$.00

g. TOTAL

\$ 965,996.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

3; 15-20; 37 & 45

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 2/21/06

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Douglas Brinkley

b. Title

Vice Chancellor Finance & Admin.

c. Telephone number

(559) 244-5910

d. Date Signed

RECEIVED

FEB 21 2006

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: San Francisco State University		Department: Geosciences	
* Organizational DUNS: 942514985		Division: College of Science & Engineeri	
Address: * Street1: 1600 Holloway Avenue Street2: ADM 469 * City: San Francisco County San Francisco * State: CA * Zip Code: 94132 * Country USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. * First Name: Lisa Middle Name: * Last Name: White Suffix: * Email: lwhite@sfsu.edu * Phone Number (give area code) 415-405-4211 Fax Number (give area code) 	

6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 93-1137247	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 21 2006 STATE CLEARING HOUSE </div>
---	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): 	7. * TYPE OF APPLICANT: Self-Controlled Institution of Higher Education Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.429 TITLE: Marine Sanctuary Program	9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration
---	--

12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco, San Francisco, California	11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SF-ROCKS Meaningful Watershed Experience
--	--

13. * PROPOSED PROJECT: * Start Date 08/01/2006 * Ending Date 07/31/2007	14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 8 * b. Project 8
--	---

15. * ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>* a. Federal</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">49,740.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* c. State</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="border: 1px solid black; text-align: right;">49,740.00</td> </tr> </table>	* a. Federal	\$	49,740.00	* b. Applicant	\$	0.00	* c. State	\$	0.00	* d. Local	\$	0.00	* e. Other	\$	0.00	* f. Program Income	\$	0.00	g. TOTAL	\$	49,740.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 02/20/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
* a. Federal	\$	49,740.00																				
* b. Applicant	\$	0.00																				
* c. State	\$	0.00																				
* d. Local	\$	0.00																				
* e. Other	\$	0.00																				
* f. Program Income	\$	0.00																				
g. TOTAL	\$	49,740.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
---	--

a. Authorized Representative Prefix: Dr. * First Name: Kenneth Middle Name * Last Name: Paap Suffix: 	* b. Title: Associate Vice President * c. Telephone Number (give area code): 415-338-7091 * Email: kenp@sfsu.edu Fax Number (give area code): 415-338-0531
--	---

d. Signature of Authorized Representative: Completed on submission to Grants.gov	e. Date Signed: Completed on submission to Grants.gov
---	--

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. x-xx)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

* Legal Name: University of California Davis

Department:

Division:

* Street1: One Shields Avenue

Street2:

* City: Davis

County:

* State: CA

* ZIP Code: 95616

* Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

David

Ricci

* Phone Number: 530 7523764

Fax Number:

Email: fdricci@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6036494

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

- ☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Improving plant biomass for fuel alcohol production

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Yolo County, California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

10/01/2006

09/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. John

M

Labavitch

PhD

Position/Title: Professor

* Organization Name: University of California Davis

Department: Department of Plant Sciences

Division:

* Street1: One Shields Avenue

Street2:

* City: Davis

County:

* State: CA

* ZIP Code: 95616

* Country: USA

* Phone Number: 530 752 0920

Fax Number:

* Email: jmlabavitch@ucdavis.edu

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FEB 21 2006

STATE CLEARING HOUSE

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 1,436,438.00
b. * Total Federal & Non-Federal Funds 1,436,438.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 02/21/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: David Middle Name: Last Name: Ricci Suffix:
* Position/Title: Grants and Contracts Officer * Organization: University of California Davis
Department: Division:
* Street1: One Shields Avenue Street2:
* City: Davis County: State: CA * ZIP Code: 95616
* Country: USA
* Phone Number: 530 7523764 Fax Number: Email: fdricci@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application preproposal.doc

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0731
Budget Number:	1 - Budget Pending Approval
Project Information:	FY06 Fixed Guideway & Orange Line Irrig.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$42,409,964
Project Number:	CA-03-0731	Adjustment Amt:	\$0
Project Description:	FY06 Fixed Guideway & Orange Line Irrig.	Total Eligible Cost:	\$42,409,964
Recipient Type:	Transit Authority	Total FTA Amt:	\$33,927,971
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$8,481,993
New/Amendment:	New	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2005 - Jun. 30, 2007	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 11, 2005		
Program Page:	19-25		
Application Type:	Electronic		

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FEB 21 2006
STATE CLEARING HOUSE

Supp. Agreement?:	No
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

Part 3: Budget

Project Budget

	<u>Quantity</u>	<u>FTA Amount</u>	<u>Tot. Elig. Cost</u>
<u>SCOPE</u>			
127-00 OTHER CAPITAL ITEMS (RAIL)	0	\$18,716,994.00	\$23,396,242.00
<u>ACTIVITY</u>			
12.7A.00 LA963543 PREVENTIVE MAINTENANCE	0	\$18,716,994.00	\$23,396,242.00

(RAIL)			
<u>SCOPE</u>			
124-00 SUPPORT EQUIP/FACILITIES (RAIL)	0	\$12,496,633.00	\$15,620,792.00
<u>ACTIVITY</u>			
12.44.01 LA963546 RAIL OPERATION CONTROL (ROC) RECONFIGURATION	0	\$854,318.00	\$1,067,898.00
12.43.06 LA963546 DIVISION 22 IMPROVMENTS PHASE II	0	\$2,066,987.00	\$2,583,734.00
12.43.04 LA963546 MRL STORAGE BUILDING	0	\$494,413.00	\$618,017.00
12.43.02 LA963546 DIVISION 11 IMPROVEMENT	0	\$9,080,915.00	\$11,351,143.00
<u>SCOPE</u>			
122-00 RAIL TRANSITWAY LINES	0	\$2,118,534.00	\$2,648,167.00
<u>ACTIVITY</u>			
12.24.03 LA963546 MBL CROSSING IMPROVEMENTS	0	\$1,547,462.00	\$1,934,327.00
12.23.01 LA29202U1 ORANGE LINE LANDSCAPE/IRRIGATION	0	\$571,072.00	\$713,840.00
<u>SCOPE</u>			
126-00 SIGNAL/COMMUNICATION (RAIL)	0	\$595,810.00	\$744,763.00
<u>ACTIVITY</u>			
12.64.20 LA963546 MBL CROSSING GATE EQUIPMENT	0	\$595,810.00	\$744,763.00
Estimated Total Eligible Cost:			\$42,409,964.00
Federal Share:			\$33,927,971.00
Local Share:			\$8,481,993.00

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/12/06	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER	
State: CA Zip Code: 92020		Suffix:	
Country: USA		Email: Peter.Drinkwater@sdcounty.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4839 Fax Number (give area code) (619) 956-4800	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BORREGO SPRINGS, SAN DIEGO, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: BORREGO VALLEY AIRPORT - DESIGN AND CONSTRUCT APRON AND RUN-UP AREAS, PHASE I	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52	
15. ESTIMATED FUNDING: a. Federal \$ 1,983,125.00 b. Applicant \$ 5,219.00 c. State \$ 99,156.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 2,087,500.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/17/06 (FAX & MAIL) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix First Name PETER Middle Name L. Last Name DRINKWATER Suffix		c. Telephone Number (give area code) (619) 956-4800 e. Date Signed 01/12/06	
b. Title DIRECTOR OF COUNTY AIRPORTS Signature of Authorized Representative			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/12/2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: COUNTY OF SAN DIEGO Organizational DUNS: 00-9581646 Address: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020 Country: USA		Organizational Unit: Department: PUBLIC WORKS Division: AIRPORTS Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: PETER.DRINKWATER@sdcountry.ca.gov Phone Number (give area code): (619) 956-4800 Fax Number (give area code): (619) 956-4801
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: E (Name of Program): 20-106 AIRPORT IMPROVEMENT PROGRAM (AIP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RAMONA AIRPORT - DESIGN AND CONSTRUCT HELICOPTER PAD FOR PUBLIC USE
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RAMONA, SAN DIEGO, CA	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52
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13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/12/2006 (Faxed to ((916) 323.3018) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 95,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 250.00</td> </tr> <tr> <td>c. State</td> <td>\$ 4,750.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 100,000.00</td> </tr> </table>	a. Federal	\$ 95,000.00	b. Applicant	\$ 250.00	c. State	\$ 4,750.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 100,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$ 95,000.00														
b. Applicant	\$ 250.00														
c. State	\$ 4,750.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 100,000.00														

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix: First Name: PETER Middle Name: L. Last Name: DRINKWATER Suffix: b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4800 d. Signature of Authorized Representative: [Signature] e. Date Signed: 01/12/2006		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/12/2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix: First Name: PETER	
1960 JOE CROSSON DR.		Middle Name	
City: EL CAJON		Last Name DRINKWATER	
County: SAN DIEGO		Suffix:	
State: CA	Zip Code 92020	Email: Peter.Drinkwater@sdcounty.ca.gov	
Country: USA		Phone Number (give area code) (619) 956-4800	Fax Number (give area code) (619) 956-4801
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GILLESPIE FIELD AIRPORT - REHABILITATE RUNWAY 17/35 AND TAXIWAYS, PHASE II	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): El Cajon, CA County of San Diego		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 01/17/06 (FAX & MAIL) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,553,250.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name PETER Middle Name L. Last Name DRINKWATER Suffix b. Title DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code) (619) 956-4800 d. Signature of Authorized Representative <i>Peter Drinkwater</i> e. Date Signed 01/12/2006	
b. Applicant	\$ 4,088.00		
c. State	\$ 77,662.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 1,635,000.00		

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): <div style="font-size: 1.5em; font-family: cursive;">2/14/06</div>		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	
3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION IDENTIFIER:	
4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:	

5. APPLICANT INFORMATION 5a. LEGAL NAME: <u>National University</u> 5b. ORGANIZATIONAL UNIT: 5c. ORGANIZATIONAL DUNS: <u>073347809</u> 5d. ADDRESS (give street address, city, county, state and zip code): <div style="font-size: 1.2em; font-family: cursive;">11255 North Torrey Pines Road La Jolla, CA 92037-1011</div>		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give all codes): NAME: <u>Dr. Darla A. Calvet</u> TELEPHONE NUMBER: <u>(958) 642-8594</u> FAX NUMBER: <u>(958) 642-8761</u>	
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">23-7172306</div>		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) J <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ </div> <div style="width: 45%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization </div> </div>	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <u>FEB 21 2006</u> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/>		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: <u>7</u> <u>8</u> _____ 9. NAME OF FEDERAL AGENCY: <u>Corporation for National and Community Service</u>	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">94006</div>		11. a. TITLE OF APPLICANT'S PROJECT: <div style="font-size: 1.2em; font-family: cursive;">A collaborative AmeriCorps Service Learning/Community Building</div>	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): <div style="font-size: 1.2em; font-family: cursive;">San Diego, CA New Orleans, LA</div>		11. b. CNCS PROGRAM INITIATIVE (IF ANY):	

13. PROPOSED PROJECT: START DATE: 14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input checked="" type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <u>2/17/06</u> DATE <u>2/17/06</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. FEDERAL</td> <td style="width:10%;">\$</td> <td style="width:60%; text-align: right;">999,480.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> <td style="text-align: right;">512,510.00</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> <td></td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> <td></td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> <td></td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,511,990.00</td> </tr> </table>		a. FEDERAL	\$	999,480.00	b. APPLICANT	\$	512,510.00	c. STATE	\$		d. LOCAL	\$		e. OTHER	\$		f. PROGRAM INCOME	\$		g. TOTAL	\$	1,511,990.00	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$	999,480.00																						
b. APPLICANT	\$	512,510.00																						
c. STATE	\$																							
d. LOCAL	\$																							
e. OTHER	\$																							
f. PROGRAM INCOME	\$																							
g. TOTAL	\$	1,511,990.00																						

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		c. TELEPHONE NUMBER: <u>858-642-8594</u>	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: <u>Darla A. Calvet</u>		b. TITLE: <u>Assoc. Vice Pres.</u>	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: <u>2-14-06</u>	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 8, 2005 (Revised Jan. 24, 2006)	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of El Dorado Organizational DUNS: 07-154-3201 Address: Street: 360 Fair Lane City: Placerville County: El Dorado State: California Zip Code: 95667 Country: USA		Organizational Unit: Department: General Services Division: Airports Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Dave Middle Name: Last Name: Nicolls Suffix: Email: dnicolls@co.el-dorado.ca.us																											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000511	Phone Number (give area code) (530) 622-0459 Fax Number (give area code) 530-622-0270																												
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Georgetown, El Dorado County, California	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Georgetown Airport, Georgetown, El Dorado County, California Rehabilitate Existing Runway 16-34 - Phase 3 Crack Seal and Slurry Seal Apron and Hangar Taxiways																												
13. PROPOSED PROJECT Start Date: 2005 Ending Date: 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04																												
15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: center;">277,035</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: center;">729</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: center;">13,852</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: center;">291,616</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	277,035	.00	b. Applicant	\$	729	.00	c. State	\$	13,852	.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	291,616	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 26, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	277,035	.00																										
b. Applicant	\$	729	.00																										
c. State	\$	13,852	.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	291,616	.00																										
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: Mr. First Name: Keith Middle Name: C. Last Name: Leech Suffix: b. Title: Director of General Services c. Telephone Number (give area code): (530) 621-5847 d. Signature of Authorized Representative: <i>Keith Leech</i> e. Date Signed: 2-16-06																													

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 24, 2006	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of El Dorado			Organizational Unit: Department: General Services		
Organizational DUNS: 07-154-3201			Division: Airports		
Address: Street: 360 Fair Lane			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Dave		
City: Placerville			Middle Name		
County: El Dorado			Last Name Nicolis		
State: California		Zip Code 95667	Email: dnicolis@co.el-dorado.ca.us		
Country: USA		Phone Number (give area code) (530) 622-0459			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000511		Fax Number (give area code) 530-622-0270			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICATION: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Placerville Airport, El Dorado County, California Slurry Seal Ends Runway 23; Remark Thresholds Runway 5 and 23 Replace MIRL Runway 5-23; New PAPI Runway 23 Phase 1		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placerville, El Dorado County, California			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	225,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 26, 2006		
b. Applicant	\$	592.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	11,250.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	236,842.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Keith		Middle Name C.	
Last Name Leech				Suffix	
b. Title Director of General Services				c. Telephone Number (give area code) (530) 621-5847	
d. Signature of Authorized Representative				e. Date Signed 2/16/06	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 2, 2006	Applicant Identifier CMA 06-1
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NPIAS 3-06-0339-23

5. APPLICANT INFORMATION

Legal Name: County of Ventura		Organizational Unit: Department: Department of Airports	
Organizational DUNS: 129771036		Division:	
Address: Street: 555 Airport Way, Suite B		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Camarillo		Prefix: Mr.	First Name: Todd
County: Ventura		Middle Name	
State: CA	Zip Code 93010	Last Name McNamee	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Email: todd.mcnamee@ventrua.org	
		Phone Number (give area code) (805) 388-4200	Fax Number (give area code) (805) 388-4366

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
Airport Improvement Program

20-106

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Ventura County

13. PROPOSED PROJECT

Start Date:
July 2006

Ending Date:
December 2006

15. ESTIMATED FUNDING:

a. Federal	\$	1,698,125.00
b. Applicant	\$	4,469.00
c. State	\$	84,906.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	1,787,500.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Todd	Middle Name
Last Name McNamee		Suffix
b. Title Director of Airports		c. Telephone Number (give area code) (805) 388-4200
d. Signature of Authorized Representative		e. Date Signed February 2, 2006

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

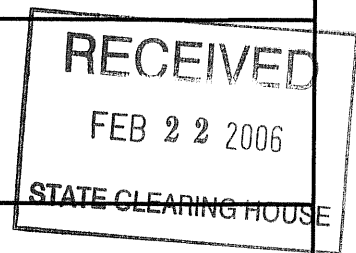
- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**



*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Madera County Community Action Agency, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

94-1612823

*** c. Organizational DUNS:**

034241133

d. Address:

*** Street1:** 1225 Gill Avenue

Street2:

*** City:** Madera

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:** 93637

e. Organizational Unit:

Department Name:

Victim Services Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*** First Name:** Mary Jane

Middle Name:

*** Last Name:** Nabors

Suffix:

Title: Executive Director

Organizational Affiliation:

*** Telephone Number:** (559) 673-9173

Fax Number: (559) 673-2859

*** Email:** mjnabors@maderacap.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Office of Violence Against Women

11. Catalog of Federal Domestic Assistance Number:

16.736

CFDA Title:

Transitional Housing Assistance for Victims of Domestic Violence, Stalking, or Sexual Assault

*** 12. Funding Opportunity Number:**

OVW-2006-1228

* Title:

Domestic Violence Transitional Housing Assistance Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Madera, California

*** 15. Descriptive Title of Applicant's Project:**

Gateway Transitional Housing Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 19

* b. Program/Project 19

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/01/2006

* b. End Date: 08/31/2009

18. Estimated Funding (\$):

* a. Federal	350,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	350,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 02/16/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Mary Jane

Middle Name:

* Last Name: Nabors

Suffix:

* Title: Executive Director

* Telephone Number: (559) 673-9173 Fax Number:

* Email: mjnabors@maderacap.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 9, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Merced County Address (give city, county, State, and zip code): 715 Martin Luther King Jr. Way Merced, CA 95340		Organizational Unit: Department of Public Works Name and telephone number of person to be contacted on matters involving this application (give area code): Mike Edwards (209) 385-7602																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 5 2 1	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">B</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 6 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: El Nido Recreation Building/Community Hall Re-roof <div style="border: 2px solid black; padding: 10px; text-align: center; margin: 10px 0;"> RECEIVED FEB 22 2006 STATE CLEARING HOUSE </div>																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated area of El Nido																							
13. PROPOSED PROJECT Start Date: 9/1/06 Ending Date: 9/1/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 18 b. Project: 18																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">43,758⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">35,802⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">79,560⁰⁰</td> </tr> </table>		a. Federal	\$	43,758 ⁰⁰	b. Applicant	\$	35,802 ⁰⁰	c. State	\$	00 ⁰⁰	d. Local	\$	00 ⁰⁰	e. Other	\$	00 ⁰⁰	f. Program Income	\$	00 ⁰⁰	g. TOTAL	\$	79,560 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/14/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	43,758 ⁰⁰																					
b. Applicant	\$	35,802 ⁰⁰																					
c. State	\$	00 ⁰⁰																					
d. Local	\$	00 ⁰⁰																					
e. Other	\$	00 ⁰⁰																					
f. Program Income	\$	00 ⁰⁰																					
g. TOTAL	\$	79,560 ⁰⁰																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Type Name of Authorized Representative Paul A. Fillebrown	b. Title Public Works Director	c. Telephone Number (209) 385-7602																					
d. Signature of Authorized Representative 		e. Date Signed 2-14-06																					

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Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 15, 2005	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: The Regents of the University of California		Organizational Unit: Department: Entomology		
Organizational DUNS: 04-712-0084		Division: College of Agriculture and Natural Resources		
Address: OVCN, Sponsored Programs, 118 Everson Hall		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: One Shields Ave.		Prefix: Dr.	First Name: Larry	
City: Davis		Middle Name: D.	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED FEB 22 2006 STATE CLEARING HOUSE </div>	
County: Yolo		Last Name: Godfrey		
State: CA		Suffix:		
Zip Code: 95616	Email: ldgodfrey@ucdavis.edu			
Country: USA	Phone Number (give area code) 530-752-0473		Fax Number (give area code) 530-752-1537	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-6036494</div>				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) I Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">66-714</div> TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Davis, Shafter, Kern, Yolo, Fresno, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Thermal Defoliation in Acala and Pima Cotton - Defoliation Performance, Late Season Insects		
13. PROPOSED PROJECT Start Date: June 1, 2006 Ending Date: April 30, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st b. Project CA 1st		
15. ESTIMATED FUNDING: a. Federal \$47,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$47,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/24/06 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix First Name Middle Name Last Name David Ricci Suffix b. Title Contracts and Grants Analyst c. Telephone Number (give area code) 530-752-7075 d. Signature of Authorized Representative c. Date Signed 2/22/06				

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
	<input type="checkbox"/> Non-Construction		68-0386518	
5. APPLICANT INFORMATION				
Legal Name: The CSU, Chico Research Foundation		Organizational Unit: Department:		
Organizational DUNS: 612177162		Division:		
Address: Street: CSU, Chico, Building 25		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 23 2006 STATE CLEARING HOUSE </div>		
City: Chico				
County: Butte				
State: CA				
Country: USA		Email: casager@csuchico.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386518		Phone Number (give area code) 530-898-5700		Fax Number (give area code) 530-898-6804
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Nonprofit 501 (c)3 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grants		9. NAME OF FEDERAL AGENCY: Economic Development Agency (EDA)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PeerSpectives: Rural Economic Development in 11 Northern California Counties		
13. PROPOSED PROJECT Start Date: 07/01/06 Ending Date: 06/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Second b. Project Second		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 75,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/23/06		
b. Applicant	\$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 85,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Carol	Middle Name		
Last Name Sager	Suffix			
b. Title Director, Office of Sponsored Programs		c. Telephone Number (give area code) 530-898-5700		
d. Signature of Authorized Representative		e. Date Signed 2/25/06		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 2/27/06	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Tri-County Economic Development Corporation		Department:		
Organizational DUNS: 153404116		Division:		
Address: Street: 3120 Cohasset Road, Suite 5		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix: 530-893-8732		
County: Butte		First Name: Sheri		
State: California		Middle Name: L.		
Zip Code: 95973		Last Name: Nix		
Country: United States		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		Email: sher@tricityedc.org		
7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) 530-893-8732		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		Fax Number (give area code) 530-893-0820		
TITLE (Name of Program): Rural Business Enterprise Grant Program		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Paradise, Magalia		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TCEDC Business Incubation Program		
13. PROPOSED PROJECT Start Date: 6/1/06 Ending Date: 5/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 90,000.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 90,000.00		DATE:		
c. State \$.00		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 180,000.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		Middle Name		
Prefix		First Name Marc		
Last Name Nemanic		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 530-893-8732		
d. Signature of Authorized Representative		e. Date Signed 2/23/06		

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 02/16/06	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SR061362	4. DATE RECEIVED: 02/16/06	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: City of Culver City DUNS NUMBER: 143740004 ADDRESS (give street address, city, state and zip code): 4095 Overland Avenue Culver City CA 90232 - 0507		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Patricia Mooney TELEPHONE NUMBER: (310) 253-6668 FAX NUMBER: INTERNET E-MAIL ADDRESS: patricia.mooney@culvercity.org														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000701	7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service														
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): The City of Culver City and surrounding areas in the Los Angeles / West L.A. region.																
13. PROPOSED PROJECT: START DATE: 04/01/06 END DATE: 03/31/09 15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 45,267.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 126,751.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 126,751.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 172,018.00</td> </tr> </table>		a. FEDERAL	\$ 45,267.00	b. APPLICANT	\$ 126,751.00	c. STATE	\$ 0.00	d. LOCAL	\$ 126,751.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 172,018.00	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Culver City RSVP 14. PERFORMANCE PERIOD: START DATE: END DATE: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 14-FEB-06 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
a. FEDERAL	\$ 45,267.00															
b. APPLICANT	\$ 126,751.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 126,751.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 172,018.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Martin Cole	b. TITLE: ACAO	c. TELEPHONE NUMBER: (310) 253-6007														
d. DATE: 02/16/06																

Post-it® Fax Note

7671

To State Clearinghouse

Co./Dept. Gov. Office of Planning/Research

Phone # 916-445-0613

Fax # 916-323-3818

Date

2/23/06

From

P. Mooney

Co. City of Culver City

Phone #

310-253-6668

Fax #

310-253-6666

of

pages

one

APPLICATION FOR FEDERAL ASSISTANCE

 DATE SUBMITTED
June 23, 2005

 Applicant Identifier
R9 Tracking #04-548

1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of East Palo Alto	Organizational Unit: Department: Public Works
Organizational DUNS: DUNS# 155104870	Division: Engineering
Address: City of East Palo Alto	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 2415 University Avenue	Prefix: Mr. First Name: Anthony
City: East Palo Alto	Middle Name:
County: San Mateo County	Last Name: Docto
State: California Zip Code: 94303	Suffix: Jr.
Country: United States of America	Email: adocto@cityofepa.org

RECEIVED

FEB 24 2006

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 9 2 9 1 1 8 2 6	Phone Number (give area code) (650) 853-3159	Fax Number (give area code) (650) 853-3179
-------------------	---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)

Other (specify)

10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): State and Tribal Assistance Grants
--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):

East Palo Alto, California

13. PROPOSED PROJECT

Start Date: Ending Date:

15. ESTIMATED FUNDING:

a. Federal	\$ 106,000
b. Applicant	\$ 86,809
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 192,809

 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 The City of East Palo Alto proposes to complete a Citywide Master Water Plan. This plan will be a blueprint of how to meet the City's current and long-term water needs. The City is in the process of completing several water related planning efforts, the Citywide Water Master Plan will tie together all of these efforts and fill informational gaps. Securing a reliable water supply is a crucial component of the City's redevelopment efforts.

14. CONGRESSIONAL DISTRICTS OF:

 Anna Eschoo 14th District
 a. Applicant City of East Palo Alto b. Project Citywide Master Water Plan

 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
 b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

 a. Authorized Representative
 Prefix Mr. First Name Alvin Middle Name D. Suffix
 Last Name James
 b. Title City Manager c. Telephone Number (give area code) (650) 853-3100
 Signature of Authorized Representative e. Date Signed June 23, 2005

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 Standard Form 424 (Rev. 9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

February 17, 2006

licant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

03-06-0226

5. APPLICANT INFORMATION

Legal Name:

City of San Jose

Organizational Unit:

Department: Norman Y. Mineta San Jose International

Organizational DUNS: 063541874

Division:

Address:

Street: 1732 North First Street, Suite 600

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms

First Name: Lilian

City: San Jose

Middle Name: S

County: Santa Clara

Last Name: Ramirez

State: California

Zip Code: 95112

Suffix:

Country: USA

Email: lramirez@sjc.org

6. EMPLOYER IDENTIFICATION NUMBER EIN:

Phone number (give area code):

FAX number (give area code):

408-501-7663

408-573-1677

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

9. NAME OF FEDERAL AGENCY

DOT- Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

To acquire an Aircraft Rescue and Fire Fighting (ARFF) vehicle :

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Jose, California

13. PROPOSED PROJECT

Start Date

July 1, 2006

Ending Date

June 30, 2008

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

15th

b. Project

15th

15. ESTIMATED FUNDING

a. Federal	\$	1,000,000	.00
b. Applicant	\$	250,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	1,250,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 02/17/06

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.

First Name Deanna

Middle Name

Last Name Santana

Suffix

b. Title Deputy City Manager

c. Telephone number (give area code)

408-535-8280

d. Signature of Authorized Representative

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 27, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Imperial		Department: Airport		
Organizational DUNS:		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1099 Airport Road		Prefix: Mr.		
City: Imperial		First Name: Stephen		
County: Imperial		Middle Name		
State: CA		Last Name Birdsall		
Zip Code 92251		Suffix:		
Country: USA		Email: stephenbirdsall@imperialcounty.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924		Phone Number (give area code) (760) 482-4314		Fax Number (give area code) (760) 355-2485
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
TITLE (Name of Program): Airport Improvement Program (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Imperial County Airport FY 2006 Entitlement Grant Application		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial, CA / Imperial County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant #51 b. Project #51		
13. PROPOSED PROJECT Start Date: 03/06 Ending Date: 09/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 500,000.00			
b. Applicant	\$ 26,315.00			
c. State	\$.00			
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$ 526,315.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Stephen		Middle Name
Last Name Birdsall				Suffix
b. Title Airport Director		c. Telephone Number (give area code) (760) 482-4314		
d. Signature of Authorized Representative		e. Date Signed		21 Feb 06

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 1, 2006	Applicant Identifier 95-6000696	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 95-6000696	
5. APPLICANT INFORMATION				
Legal Name: City of Compton		Organizational Unit: Department: Water Department		
Organizational DUNS: 076248335		Division: n/a		
Address: Street: 205 South Willowbrook Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Compton		Prefix: First Name: Kambiz		
County: Los Angeles		Middle Name		
State: California		Last Name Shoghi		
Zip Code 90220		Suffix:		
Country: United States		Email: kshoghi@comptoncity.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000696		Phone Number (give area code) (310) 605-6242		Fax Number (give area code) (310) 605-0663
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Compton		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This project is designed to improve the city of Compton's water infrastructure system.		
13. PROPOSED PROJECT Start Date: 4/1/06 Ending Date: 4/1/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 37th b. Project 37th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,606,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State Prop. 13	\$ 2,428,900	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 4,034,900			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Barbara		Middle Name
Last Name Kilroy				Suffix
b. Title City Manager		c. Telephone Number (give area code) (310) 605-5585		
d. Signature of Authorized Representative		e. Date Signed 2/27/06		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: The Regents of the University of California		Organizational Unit: Department: Institute of Marine Sciences Division: Physical and Biological Sciences		
Organizational DUNS: 12-508-4723		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 1156 High Street City: Santa Cruz County: Santa Cruz		Prefix: Ms First Name: Lynne Middle Name: L Last Name: VanDerKamp Suffix:		
State: CA Zip Code: 95064		Email: Lvan@ucsc.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563		Phone Number (give area code) 831.459.1574 Fax Number (give area code) 831.459.5353		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) I		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Coastal Zone Management Estuarine Research Reserves 11-420		9. NAME OF FEDERAL AGENCY: NOAA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Watsonville, Monterey Co., CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Characterizing and explaining invasion variation at multiple spatial scales: A study of the European green crab <i>Carcinus maenas</i> in its native and invaded ranges		
13. PROPOSED PROJECT Start Date: 6/1/06 Ending Date: 5/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 20,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/28/06		
b. Applicant \$ 8,572.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$.00				
g. TOTAL \$ 28,572.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Ms		First Name: Lynne		Middle Name: L
Last Name: VanDerKamp		Suffix:		
b. Title: Sr. Research Administrator		c. Telephone Number (give area code): 831.459.1574		
d. Signature of Authorized Representative		e. Date Signed 2/28/06		

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 02/23/2006		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name: WEST ENTERPRISE CENTER, INC			Organizational Unit: Department:																							
Organizational DUNS: 794310870			Division:																							
Address: Street: 760 B STEWART ST City: FORT BRAGG County: MENDOCINO State: CA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name NMN First Name: PAMELA Last Name PATTERSON Suffix:																							
Zip Code 95437			Email: PAMELA@WESTCOMPANY.ORG																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0264466			Phone Number (give area code) 707-964-7571		Fax Number (give area code) 707 964-7576																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. NOT FOR PROFIT ORGANIZATION Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): USDA RURAL BUSINESS ENTERPRISE GRANTS			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ECOMMERCE INCUBATOR FOR RURAL CITIES OF MENDOCINO COUNTY AND COUNTY OF MENDOCINO. PROVIDING TECHNICAL ASSTANCE AND TRAINING TO EMERGING, MICROBUSINESSES AND SMALL BUSINESSES TO CREATE AND RETAIN JOBS.																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Fort Bragg, Point Arena, Willits, Ukiah AND COUNTY OF MENDOCINO			9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE																							
13. PROPOSED PROJECT Start Date: MAY 2006 Ending Date: MAY 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant FIRST b. Project FIRST																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>90,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>10,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>113,000⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>213,000⁰⁰</td> </tr> </table>			a. Federal	\$	90,000 ⁰⁰	b. Applicant	\$	10,000 ⁰⁰	c. State	\$	113,000 ⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	213,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/23/2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	90,000 ⁰⁰																								
b. Applicant	\$	10,000 ⁰⁰																								
c. State	\$	113,000 ⁰⁰																								
d. Local	\$	⁰⁰																								
e. Other	\$	⁰⁰																								
f. Program Income	\$	⁰⁰																								
g. TOTAL	\$	213,000 ⁰⁰																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative Prefix: First Name PAMELA Middle Name NMN Last Name PATTERSON Suffix:																										
b. Title CHIEF EXECUTIVE OFFICER			c. Telephone Number (give area code) 707-964-7571																							
d. Signature of Authorized Representative 			e. Date Signed 2/22/06																							

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 21, 2006		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: State Center Community College District Address (give city, county, state, and zip code): 550 East Shaw Avenue, Suite 155 Fresno, CA 93710-7702	Organizational Unit: University Center Export Program Name and telephone number of person to be contacted on matters involving this application (give area code): Candy Hansen Gage, Project Director, University Center Export Program 1-888-638-7888 (559) 241-6566
--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 1 5 7 4 8 0 2

FEB 28 2006

STATE CLEARING HOUSE

8. TYPE OF APPLICATION:

Competitive x New Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ A. Increase Award
☐ B. Decrease Award
☐ C. Increase Duration
☐ D. Decrease Duration
 Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ A. State
☐ B. County
☐ C. Municipal
☐ D. Township
☐ E. Interstate
☐ F. Intermunicipal
☐ G. Special District
☐ H. Independent School Dist.
☐ I. State Controlled Institution of Higher Learning
☐ J. Private University
☐ K. Indian Tribe
☐ L. Individual
☐ M. Profit Organization
☐ N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 1 3 0 3

TITLE: Economic Development - Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

University Center Export Program
Technical Assistance - University Center Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

See Attached Page

13. PROPOSED PROJECT:

Start Date: 7/1/2006
 Ending Date: 6/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 19th
 b. Project: 3; 15-20; 37 & 45

15. ESTIMATED FUNDING:

a. Federal	\$	540,721.00
b. Applicant	\$	425,275.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	965,996.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

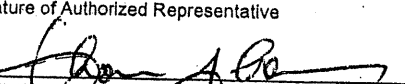
DATE 2/21/06

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Douglas Brinkley	b. Title Vice Chancellor Finance & Admin.	c. Telephone number (559) 244-5910
d. Signature of Authorized Representative 		e. Date Signed

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

01/25/06

2b. APPLICATION ID:

06SC058352

3. DATE RECEIVED BY STATE:

DATE RECEIVED:

01/25/06

1. TYPE OF SUBMISSION:

Non Construction

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: Pomona Valley Community Services

DUNS NUMBER: 126436013

ADDRESS (give street address, city, state and zip code):

2120 Pothill Blvd
Suite 115
La Verne CA 91750 - 2941

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

953100466

8. TYPE OF APPLICATION:

☒ NEW ☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Marcie Lerner

TELEPHONE NUMBER: 909-593-7511

FAX NUMBER: 909-596-8445

INTERNET E-MAIL ADDRESS: csmrlerner@linkline.com

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Pomona Valley SCP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

13. PROPOSED PROJECT; START DATE: 04/01/06 END DATE: 03/31/09

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL	\$ 201,197.00
b. APPLICANT	\$ 30,627.00
c. STATE	\$ 0.00
d. LOCAL	\$ 30,627.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 251,824.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☐ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE:

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Roberta Hill

b. TITLE:

President/CEO

c. TELEPHONE NUMBER:

909-593-7511

d. DATE:

01/25/06

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

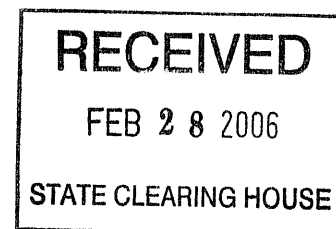
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Project ID:	CA-90-Y445
Budget Number:	1 - Budget Pending Approval
Project Information:	Preventative Maintenance; AVL; COPs

Part 1: Recipient Information

Project Number:	CA-90-Y445
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6543
Facsimile:	(310) 253-6513

Union Information

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9505 W. Jefferson Blvd.
Address 2:	
City:	Culver City, CA 90232
Contact Name:	Ed Escarcega
Telephone:	(310) 253-6432
Facsimile:	
E-mail:	ed.escarcega@culvercity.org
Website:	



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$4,170,801
Project Number:	CA-90-Y445	Adjustment Amt:	\$0
Project Description:	Preventative Maintenance; AVL; COPs	Total Eligible Cost:	\$4,170,801

Recipient Type:	City	Total FTA Amt:	\$3,336,641
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total State Amt:	\$0
Recipient Contact:	Andre Colaiace, 310.253.6543	Total Local Amt:	\$834,160
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2005 - Dec. 01, 2007	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Nov. 08, 2005		
Program Page:	6-7		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	33	Diane E Watson

Project Details

The total Federal Section 5307 funding requested in this grant is \$3,336,641.

5307 funding fiscal years are broken down as follows and are based on balances kept by the Los Angeles MTA.

FY 04 \$1,535,635
FY 05 \$1,801,006

Per the DOL checklist, Culver City Municipal Bus Lines is the recipient of these funds. The amount and type of funding is listed above and the propose activities are listed below. The projects will be carried out in the City of Culver City, CA by

Culver City Municipal Bus Lines. The Culver CityBus service area is also served by Torrance Transit, Santa Monica's Big Blue Bus, LACMTA and the Green Line Shuttle Service. Culver City's employees are represented by the Culver City Employees Association.

1) The City is requesting \$800,000 in federal assistance to aid in the completion of its Automatic Vehicle Locator (AVL) project. This communications project will include passenger counters, voice annunciators, and security devices. The City will implement this ITS project to be consistent with the National/Regional ITS architecture and has utilized a systems engineering process in its development. This project also received funding in Grants CA-90-Y189 and CA-90-Y079. TIP ID#LAOD354.

The funding is as follows:

FY 05 FTA Section 5307 \$800,000
Local MTA MOSIP \$200,000

2) Culver CityBus has issued Certificates of Participation (COPS) for our administrative, operations and maintenance bus facility. Culver CityBus has designated future FTA Section 5307 funds to pay the COPs. This application will fund Culver CityBus payments for June, 2006 and January, 2007. TIP ID#LA52101.

The funding is as follows:

FY 04 FTA Section 5307 \$810,000
Local In Kind Contribution \$202,500

3) This grant will also include a request for Section 5307 funds for preventative maintenance during the FY 06 fiscal year. Per FTA requirements, the City will allocate a total of \$1,726,641 matched with \$431,660 in local funds. TIP ID#LA0B358.

Funding is as follows:

FY 04 FTA Section 5307 \$725,635
FY 05 FTA Section 5307 \$1,001,006
Local Proposition A Funds \$431,660

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Rey, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles, and Westwood. Its service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served over 5 million passengers in 2005.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$1,726,641.00	\$2,158,301.00
<u>ACTIVITY</u>			
11.7A.00 PREVENTIVE MAINTENANCE TIP#LA0B358	0	\$1,726,641.00	\$2,158,301.00
<u>SCOPE</u>			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$810,000.00	\$1,012,500.00
<u>ACTIVITY</u>			
11.46.03 LEASE ADMIN/MAINT FACILITY TIP#LA52101	0	\$810,000.00	\$1,012,500.00
<u>SCOPE</u>			
993-00 FLEET MANAGEMENT	0	\$800,000.00	\$1,000,000.00

<u>ACTIVITY</u>			
11.62.02 PURCHASE COMMUNICATIONS SYSTEM TIPID#LAOD354	0	\$800,000.00	\$1,000,000.00
Estimated Total Eligible Cost:			\$4,170,801.00
Federal Share:			\$3,336,641.00
Local Share:			\$834,160.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

11.7A.00	PREVENTIVE MAINTENANCETIPID#LA0B358	0	\$1,726,641.00	\$2,158,301.00
<p>This grant will also include a request for Section 5307 funds for preventative maintenance during the FY 06 fiscal year. Per FTA requirements, the City will allocate a total of \$1,726,641 matched with \$431,660 in local funds. TIP ID#LA0B358.</p> <p>Funding is as follows:</p> <p>FY 04 FTA Section 5307 \$725,635 FY 05 FTA Section 5307 \$1,001,006 Local Proposition A Funds \$431,660</p>				
11.46.03	LEASE ADMIN/MAINT FACILITY TIP#LA52101	0	\$810,000.00	\$1,012,500.00
<p>Culver CityBus has issues Certificates of Participation (COPS) for our administrative, operations and maintenance bus facility. Culver CityBus has designated future FTA Section 5307 funds to pay for the COPS. This application will fund Culver CityBus payments for June, 2006 and January, 2007 which are the 10th and 11th years of a 20-year COP. This COP began on January 1, 1997.</p> <p>The facility is located on 3.96 acres in Culver City worth \$3,900,000. This real estate value is the in-kind local match for all COP payments through 2016.</p> <p>The final maturity date of the COPS is January 1, 2016. Culver CityBus makes two payments per each fiscal year, one in July and one in January. Payments of principal and interest are paid annually. TIP ID#LA52101.</p> <p>Funding is as follows:</p> <p>FY 04 5307 \$810,000 Local In-Kind Contribution \$202,500</p>				

11.62.02	PURCHASE COMMUNICATIONS SYSTEM TIPID#LAOD354	0	\$800,000.00	\$1,000,000.00
<p>The City is requesting further federal assistance to complete the funding package for its procurement of an Automated Vehicle Locator System (AVLS).</p> <p>TIP ID#LAOD354 The funding is as follows:</p> <p>FY 05 FTA Section 5307 \$800,000 Local MTA MOSIP \$200,000</p>				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.7A.00 PREVENTIVE MAINTENANCE TIPID#LA0B358 0 \$1,726,641 \$2,158,301

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	Maintenance Starts	Jul. 01, 2005
2.	Maintenance Ends	Jun. 30, 2006

11.46.03 LEASE ADMIN/MAINT FACILITY 0 \$810,000 \$1,012,500
TIP#LA52101

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	June, 2006 Payment	Jul. 01, 2006
2.	January, 2007 Payment	Jan. 15, 2007

11.62.02 PURCHASE COMMUNICATIONS SYSTEM 0 \$800,000 \$1,000,000
TIPID#LAOD354

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued	Aug. 05, 2004
	This milestone has been completed.	
2.	Contract Award	Aug. 08, 2005
3.	Contract Complete	Mar. 01, 2006

Part 5. Environmental Findings

114603 LEASE ADMIN/MAINT FACILITY

TIP#LA52101

0

\$810,000

\$1,012,500

Finding No. 1 - Class II(d)**D08** - Construction of new bus storage

Construction of new bus storage and maintenance facilities in areas used predominantly for industrial or transportation purposes where such construction is not inconsistent with existing zoning and located on or near a street with adequate capacity to handle anticipated bus and support vehicle traffic.

Finding Details: This grant is strictly for the purpose of making lease payments to the bank. The process in which the wire payments occurs poses no environmental threats.

The environmental clearance date for the construction of the transit facility for which the lease payments are being made is December 4, 1995 and the appropriate documentation was submitted with the initial Grant CA-90-X489.

116202 PURCHASE COMMUNICATIONS
SYSTEM TIPID#LAOD354

0

\$800,000

\$1,000,000

Finding No. 1 - Class II(c)**C19** - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

117A00 PREVENTIVE
MAINTENANCE TIPID#LA0B358

0

\$1,726,641

\$2,158,301

Finding No. 1 - Class II(c)**C14** - Bus & rail car rehabilitation

Bus and rail car rehabilitation.

C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

Part 6: Fleet Status

No information found.

Part 7. FTA Comments**General Review**

Comment Title:	Initial Review

Comment By:	John Ottomanelli
Date Created:	Feb. 14, 2006
Date Updated:	Feb. 22, 2006
Ref Section:	Project Overview
Comment:	<p>The following was sent to the City of Culver City (Andre Colaiace), via email, on February 14, 2006:</p> <p>Andre:</p> <p>We have reviewed the subject Grant Application, and have the following comments:</p> <p>General:</p> <p>1. Please provide the telephone number for the Union contact.</p> <p>Budget:</p> <p>2. For each ALI, provide the TIP ID Number adjacent to the activity description in the ALI Description field. OK.</p> <p>3. This activity appears to be an ITS activity, and therefore should be identified with the appropriate Scope code. Note that we have created this ALI; please populate the fields accordingly, including the milestones, environmental findings, etc. OK.</p> <p>Extended Budget Descriptions:</p> <p>4. ALI 11.62.02, the City of Culver City is required to use a systems engineering process in the development of ITS projects. In TEAM, please confirm that a systems engineering process is being used. OK.</p> <p>Environmental Findings:</p> <p>5. ALI 11.46.03, the appropriate finding is Class II(d)(8). Please reference the date of the initial FTA concurrence with this environmental finding. OK.</p> <p>Thank you.</p> <p>John Ottomanelli FTA/FHWA Los Angeles Metropolitan Office, Region IX 888 South Figueroa Street, Suite 1850, LA, CA 90017 213.202.3957 (phone); 213.202.3961 (fax)</p>

Part 8: Results of Reviews

The reviewer did not find any errors

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/01/2006	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit		
City of San Joaquin		Department: N/A		
Organizational DUNS: 004940904		Division: N/A		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 21900 Colorado Street		Prefix: Mrs.		
P.O. Box 758		First Name: Cruz		
City: San Joaquin		Middle Name: W.		
County: Fresno		Last Name: Ramos		
State: CA		Suffix:		
Zip Code: 93660		Email: cruzramos@kermantel.net		
Country: United States		Phone Number (give area code): (559) 693-4311 extension 18		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 74-0000415		Fax Number (give area code): (559) 693-2193		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Joaquin, Fresno County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Joaquin Business Development Project		
13. PROPOSED PROJECT Start Date: 07/01/2006 Ending Date: 06/30/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jim Costa b. Project Jim Costa		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 99,556.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/27/06		
b. Applicant	\$ 50,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 149,556.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mrs.		First Name: Cruz		Middle Name: W.
Last Name: Ramos		Suffix:		
b. Title: City Manager		c. Telephone Number (give area code): (559) 693-4311 extension 18		
d. Signature of Authorized Representative: <i>Cruz W. Ramos</i>		e. Date Signed: 03/01/2006 2/28/06		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)****2. DATE SUBMITTED**

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier**5. APPLICANT INFORMATION**

* Organizational DUNS: 1136450840000

* Legal Name: Regents of the University of California

Department: N/A

Division: School of Natural Sciences

* Street1: University of California, Merced

Street2: P.O. Box 2039

* City: Merced

County:

* State: CA

* ZIP Code: 95344

* Country: USA

RECEIVED

FEB 28 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Thea

* Phone Number: 209-724-4318

Fax Number: 209-724-2912

Email: tvicari@ucmerced.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

270093858

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)**9. * NAME OF FEDERAL AGENCY:**

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Multi-Scale Modeling and Computation of Convective Geophysical and Astrophysical Turbulence

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Merced, CA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

01/01/2007

12/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

18

18

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Michael

Sprague

PhD

Position/Title: Assistant Professor

* Organization Name: Regents of the University of California

Department: N/A

Division: School of Natural Sciences

* Street1: University of California, Merced

Street2: P.O. Box 2039

* City: Merced

County:

* State: CA

* ZIP Code: 95344

* Country: USA

* Phone Number: 209-381-4179

Fax Number: 209-724-2912

* Email: msprague@ucmerced.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding
b. * Total Federal & Non-Federal Funds
c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
* Position/Title: * Organization:
Department: Division:
* Street1: Street2:
* City: County: * State: * ZIP Code:
* Country:
* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 1136450840000

* Legal Name: Regents of the University of California

Department: N/A

Division: School of Natural Sciences

* Street1: University of California, Merced

Street2: P.O. Box 2039

* City: Merced

County:

* State: CA

* ZIP Code: 95344

* Country: USA

RECEIVED

FEB 28 2006

Person to be contacted on matters involving this application

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Middle Name:

* Last Name:

Suffix:

Thea

Vicari

* Phone Number: 209-724-4318

Fax Number: 209-724-2912

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Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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* Ending Date

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12/31/2011

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Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Michael

Sprague

PhD

Position/Title: Assistant Professor

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County:

* State: CA

* ZIP Code: 95344

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

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b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

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DATE:

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☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

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* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State: * ZIP Code:

* Country:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

OMB Number: 4040-0001
Expiration Date: 04/30/2006